

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (*if known*)Chapter 7 Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (*if known*). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	JIMENEZ ARMS, INC.		
2. All other names debtor used in the last 8 years	Include any assumed names, trade names and <i>doing business as</i> names		
3. Debtor's federal Employer Identification Number (EIN)	20-3280912		
4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business	
	7380 EASTGATE ROAD, SUITE 150 Henderson, NV 89011	Number, Street, City, State & ZIP Code	
	Clark	P.O. Box, Number, Street, City, State & ZIP Code	
	County	Location of principal assets, if different from principal place of business	
		Number, Street, City, State & ZIP Code	
5. Debtor's website (URL)			
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____		

Debtor JIMENEZ ARMS, INC.
Name _____Case number (*if known*) _____**7. Describe debtor's business** A. *Check one:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. *Check all that apply*

- Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
 Chapter 9
 Chapter 11. *Check all that apply:*

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to *Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor JIMENEZ ARMS, INC.
Name _____

Case number (*if known*) _____**11. Why is the case filed in this district?** Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)** It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

 It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other PENDING EVICTION.**Where is the property?**

Number, Street, City, State & ZIP Code _____

Is the property insured? No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

 Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5,001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor

JIMENEZ ARMS, INC.

Name

Case number (*if known*) _____**Request for Relief, Declaration, and Signatures**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 10, 2020

MM / DD / YYYY

X /s/ PAUL JIMENEZ, SR.

Signature of authorized representative of debtor

PAUL JIMENEZ, SR.

Printed name

Title President

18. Signature of attorney

X /s/ Thomas E. Crowe

Signature of attorney for debtor

Date February 10, 2020

MM / DD / YYYY

Thomas E. Crowe

Printed name

THOMAS E. CROWE PROFESSIONAL LAW CORPORATION

Firm name

**2830 S. JONES BLVD, SUITE 3
Las Vegas, NV 89146**

Number, Street, City, State & ZIP Code

Contact phone (702) 794-0373

Email address tcrowe@thomascrowelaw.com

3048 NV

Bar number and State

Fill in this information to identify the case:Debtor name JIMENEZ ARMS, INC.United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

 Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 10, 2020X /s/ PAUL JIMENEZ, SR.

Signature of individual signing on behalf of debtor

PAUL JIMENEZ, SR.

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **JIMENEZ ARMS, INC.**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

 Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION 1550 COLLEGE PARKWAY, SUITE 115 Carson City, NV 89706-7937 Date or dates debt was incurred 9/2019 Last 4 digits of account number 1443 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: TAXES OWED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,611.68 \$0.00
2.2	Priority creditor's name and mailing address NEVADA DEPT. OF EMPLOYMENT TRAINING AND 2800 E. ST. LOUIS AVE. Las Vegas, NV 89104 Date or dates debt was incurred 9/10/2019 Last 4 digits of account number 8800 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: UNEMPLOYMENT TAXES OWED Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,825.19 \$19,825.19

Debtor	JIMENEZ ARMS, INC.	Case number (if known)
	Name	
2.3	Priority creditor's name and mailing address UNITED STATES TREASURY (EXCISE TAX) ALCOHOL AND TOBACCO TAX AND TRADE BUREAU 1500 PENNSYLVANIA AVE. N.W. Washington, DC 20220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 3/2015	Basis for the claim: TAXES OWED
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address AZURE CREATIVE ENTERPRISES P.O. BOX 1888 Claremont, CA 91711 Date(s) debt was incurred <u>7/15/2019</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: VENDOR/ADVERTISING Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,031.00
3.2	Nonpriority creditor's name and mailing address CAL-AMMO, INC. 14159 BUSINESS CENTER DR. Moreno Valley, CA 92553 Date(s) debt was incurred <u>5/30/2019</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: BUSINESS VENDOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,160.00
3.3	Nonpriority creditor's name and mailing address CARL WAYNE ORR C/O PHENIX & CRUMP, PLLC ATTN: J.R. "RUSTY" PHENIX P.O. BOX 1005 Henderson, TX 75654 Date(s) debt was incurred <u>12/2017</u> Last 4 digits of account number <u>5388</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LAWSUIT SETTLEMENT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$625,000.00
3.4	Nonpriority creditor's name and mailing address CENTENNIAL SPRING CO. 1777 W. ARROW RTE. UNIT 410 Upland, CA 91786 Date(s) debt was incurred <u>5/9/2019</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: VENDOR Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,858.32
3.5	Nonpriority creditor's name and mailing address CITY OF KANSAS CITY, MI 415 EAST 12TH STREET (CIRCUIT DIVISION) Kansas City, MO 64106 Date(s) debt was incurred <u>1/7/2020</u> Last 4 digits of account number <u>0829</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: LAWSUIT Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	JIMENEZ ARMS, INC. Name	Case number (if known)
3.6	<p>Nonpriority creditor's name and mailing address CLARK COUNTY ASSESSOR C/O BANKRUPTCY CLERK 500 SOUTH GRAND CENTRAL PARKWAY P.O. BOX 551401 Las Vegas, NV 89155-1401</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: NOTICE ONLY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.7	<p>Nonpriority creditor's name and mailing address CLARK COUNTY TREASURER C/O BANKRUPTCY CLERK 500 S. GRAND CENTRAL PKWY P.O. BOX 551220 Las Vegas, NV 89155-1220</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: NOTICE ONLY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.8	<p>Nonpriority creditor's name and mailing address COAST CUTTERS CO, INC. 105 NORTH 9TH AVE. Upland, CA 91786</p> <p>Date(s) debt was incurred <u>10/2019</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.9	<p>Nonpriority creditor's name and mailing address COMPUTED TOOL & DIE 2910 E. RICKER WAY Anaheim, CA 92806</p> <p>Date(s) debt was incurred <u>6/4/2019</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.10	<p>Nonpriority creditor's name and mailing address DEPT. OF EMPLOYMENT, TRAINING & REHAB EMPLOYMENT SECURITY DIVISION 500 EAST THIRD STREET Carson City, NV 89713</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: NOTICE ONLY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.11	<p>Nonpriority creditor's name and mailing address ESTATE OF ALVINO DWIGHT CRAWFORD SHAMBERG, JOHNSON & BERGMAN ATTN: DAVID R. MORANTZ, ESQ. 2600 GRAND BLVD., SUITE 550 Kansas City, MO 64108</p> <p>Date(s) debt was incurred <u>6/24/2019</u></p> <p>Last 4 digits of account number <u>7245</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: PENDING LAWSUIT</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.12	<p>Nonpriority creditor's name and mailing address FOLAND, WICKENS, ROPER, HOFER & CRAWFORD 1200 MAIN, SUITE 2200 Kansas City, MO 64105</p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ATTORNEY FEES FOR CRAWFORD CASE</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	JIMENEZ ARMS, INC. Name	Case number (if known)	
3.13	<p>Nonpriority creditor's name and mailing address GENSKE, MULDER COMPANY LLP 3187 RED HILL AVE. #110 Costa Mesa, CA 92626</p> <p>Date(s) debt was incurred <u>2015</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Basis for the claim: ACCOUNTING FEES</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$75,000.00
3.14	<p>Nonpriority creditor's name and mailing address HARSCH INVESTMENTS PROPERTIES - NV, LLC</p> <p>Henderson, NV 89011</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Basis for the claim: BUSINESS LEASE</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown
3.15	<p>Nonpriority creditor's name and mailing address IDCI 14733 S. AVALON BLVD. Gardena, CA 90248</p> <p>Date(s) debt was incurred <u>3/15/2019</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$48,000.00
3.16	<p>Nonpriority creditor's name and mailing address INTELLIGENT DESIGN I.T. CONSULTING 631 NORTH STEPHANIE STREET #345 Henderson, NV 89014</p> <p>Date(s) debt was incurred <u>10/2018</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Basis for the claim: IT/COMPUTER EXPENSE</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$4,000.00
3.17	<p>Nonpriority creditor's name and mailing address INTERNAL REVENUE SERVICE P.O. BOX 7346 Philadelphia, PA 19101-7346</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Basis for the claim: NOTICE ONLY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.18	<p>Nonpriority creditor's name and mailing address INTERNAL REVENUE SERVICE P.O. BOX 7346 Philadelphia, PA 19101-7346</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Basis for the claim: PAYROLL TAX</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$421,579.41
3.19	<p>Nonpriority creditor's name and mailing address JA INDUSTRIES, LLC 43 DESERT SUNFLOWER CIRCLE Henderson, NV 89002</p> <p>Date(s) debt was incurred <u>6/20/2019</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <p>Basis for the claim: MONEY LOANED/VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,640.00

Debtor	JIMENEZ ARMS, INC. Name	Case number (if known)	
3.20	<p>Nonpriority creditor's name and mailing address JENNISON ENGINEERING, INC. 13546 CENTRAL AVE., UNIT E. Chino, CA 91710</p> <p>Date(s) debt was incurred <u>12/2019</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,025.00
3.21	<p>Nonpriority creditor's name and mailing address MJO ENTERPRISES 38 PHILLIPSBURG Irvine, CA 92620</p> <p>Date(s) debt was incurred <u>8/22/2018</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$100.00
3.22	<p>Nonpriority creditor's name and mailing address NEVADA DEPARTMENT OF MOTOR VEHICLES 2621 E. SAHARA AVE. Las Vegas, NV 89104</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: NOTICE ONLY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.23	<p>Nonpriority creditor's name and mailing address NEVADA DEPT. OF TAXATION BANKRUPTCY SECTION 555 EAST WASHINGTON AVENUE SUITE 1300 Las Vegas, NV 89101</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: NOTICE ONLY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.24	<p>Nonpriority creditor's name and mailing address PAUL JIMENEZ JR. 43 DESERT SUNFLOWER CIRCLE Henderson, NV 89002</p> <p>Date(s) debt was incurred <u>10/2019</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: MONEY LOANED</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$14,900.00
3.25	<p>Nonpriority creditor's name and mailing address PAUL JIMENEZ, SR. 43 DESERT SUNFLOWER CIRCLE Henderson, NV 89002</p> <p>Date(s) debt was incurred <u>6/2019</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: MONEY LOANED</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$28,000.00
3.26	<p>Nonpriority creditor's name and mailing address PENTRATE METAL PROCESSING 3517 EAST OLYMPIC BLVD. Los Angeles, CA 90023</p> <p>Date(s) debt was incurred <u>10/2019</u></p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$2,100.00

Debtor	JIMENEZ ARMS, INC.	Case number (if known)
Name		
3.27	<p>Nonpriority creditor's name and mailing address PORTER LAW FIRM, A PROFESSIONAL CORP. 3311 WOODS BLVD. Tyler, TX 75707</p> <p>Date(s) debt was incurred <u>2015</u></p> <p>Last 4 digits of account number <u>5388</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ATTORNEY FEES FOR ORR CASE</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.28	<p>Nonpriority creditor's name and mailing address PRAXAIR 2301 SE CREEKVIEW DR. Ankeny, IA 50021</p> <p>Date(s) debt was incurred <u>7/22/2019</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.29	<p>Nonpriority creditor's name and mailing address RBC PRECISION PRODUCTS-BREMEN 225 INDUSTRIAL DR. Bremen, IN 46506</p> <p>Date(s) debt was incurred <u>11/2019</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.30	<p>Nonpriority creditor's name and mailing address SIERRA WESTERN 3765 MAUNA LOA ST. Brea, CA 92823</p> <p>Date(s) debt was incurred <u>5/2016</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.31	<p>Nonpriority creditor's name and mailing address SOCIAL SECURITY ADMINISTRATION OFFICE OF THE REGIONAL CHIEF COUNSEL REGION IX 160 SPEAR STREET, SUITE 800 San Francisco, CA 94105-1545</p> <p>Date(s) debt was incurred <u> </u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: NOTICE ONLY</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.32	<p>Nonpriority creditor's name and mailing address SUNSTATE EQUIPMENT C/O CONSTRUCTION COLLECTION SPECIALISTS, P.O.BOX 44500 Phoenix, AZ 85064-4500</p> <p>Date(s) debt was incurred <u>7/2019</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: COLLECTIONS</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.33	<p>Nonpriority creditor's name and mailing address TOTAL ECLIPSE GROUP, LTD FLAT 8 16/F BLOCK A 34-36AU PUI WAN STREET FO TAN SHATIN N.T. HONG KONG</p> <p>Date(s) debt was incurred <u>8/2013</u></p> <p>Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: VENDOR</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	JIMENEZ ARMS, INC.	Case number (if known)
Name		
3.34	Nonpriority creditor's name and mailing address UNITED STATES TRUSTEE 300 LAS VEGAS BLVD., SOUTH #4300 Las Vegas, NV 89101	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00
		<input type="checkbox"/> Contingent
		<input type="checkbox"/> Unliquidated
		<input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: NOTICE ONLY
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	500 E. THIRD ST. Carson City, NV 89713	Line <u>2.2</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.2	BILLY RA SOAPE AND LINDA JEAN SOAPE C/O PHENIX & CRUMP, PLLC ATTN: J.R. "RUSTY" PHENIX P.O. BOX 1005 Henderson, TX 75654	Line <u>3.3</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.3	EVERYTOWN LAW P.O. BOX #4184 New York, NY 10017	Line <u>3.11</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.4	NEVADA DEPT OF TAXATION 2550 PASEO VERDE PARKWAY, SUITE #180 Henderson, NV 89074	Line <u>3.23</u>	<u>4325</u>
		<input type="checkbox"/> Not listed. Explain _____	
4.5	THE ESTATE OF MELINDA ANN ORR C/O PHENIX & CRUMP, PLLC ATTN: J.R. "RUSTY" PHENIX P.O. BOX 1005 Henderson, TX 75654	Line <u>3.3</u>	—
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

- 5a. Total claims from Part 1
5b. Total claims from Part 2

- 5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts		
5a.	\$	924,436.87
5b.	+	\$ 1,398,110.21
5c.	\$	2,322,547.08

Fill in this information to identify the case:

Debtor name **JIMENEZ ARMS, INC.**

United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**BUSINESS LEASE FOR
BUSINESS - REJECT
FIVE YEAR LEASE**

State the term remaining

FIVE YEARS

List the contract number of any government contract

N/A

**HARSCH INVESTMENTS PROPERTIES - NV, LLC
Henderson, NV 89011**

Fill in this information to identify the case:

Debtor name **JIMENEZ ARMS, INC.**

United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____	State _____	Zip Code _____	
2.2	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____	State _____	Zip Code _____	
2.3	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____	State _____	Zip Code _____	
2.4	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____	State _____	Zip Code _____	

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of Nevada

In re **JIMENEZ ARMS, INC.**

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>3,700.00</u>
Prior to the filing of this statement I have received	\$ <u>3,700.00</u>
Balance Due	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. [Other provisions as needed]
- Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 10, 2020

Date

/s/ Thomas E. Crowe

Thomas E. Crowe

Signature of Attorney

**THOMAS E. CROWE PROFESSIONAL LAW
CORPORATION**

2830 S. JONES BLVD, SUITE 3

Las Vegas, NV 89146

(702) 794-0373 Fax: (702) 794-0734

tcrowe@thomascrowelaw.com

Name of law firm

**United States Bankruptcy Court
District of Nevada**

In re JIMENEZ ARMS, INC.

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: February 10, 2020

/s/ PAUL JIMENEZ, SR.

PAUL JIMENEZ, SR./President
Signer>Title

JIMENEZ ARMS, INC.
7380 EASTGATE ROAD, SUITE 150
Henderson, NV 89011

Thomas E. Crowe
THOMAS E. CROWE PROFESSIONAL LAW CORPORATION
2830 S. JONES BLVD, SUITE 3
Las Vegas, NV 89146

500 E. THIRD ST.
Acct No 8800
Carson City, NV 89713

AZURE CREATIVE ENTERPRISES
P.O. BOX 1888
Claremont, CA 91711

BILLY RA SOAPE AND LINDA JEAN SOAPE
Acct No xxx5-388
C/O PHENIX & CRUMP, PLLC
ATTN: J.R. "RUSTY" PHENIX
P.O. BOX 1005
Henderson, TX 75654

CAL-AMMO, INC.
14159 BUSINESS CENTER DR.
Moreno Valley, CA 92553

CARL WAYNE ORR
Acct No xxx5-388
C/O PHENIX & CRUMP, PLLC
ATTN: J.R. "RUSTY" PHENIX
P.O. BOX 1005
Henderson, TX 75654

CENTENNIAL SPRING CO.
1777 W. ARROW RTE. UNIT 410
Upland, CA 91786

CITY OF KANSAS CITY, MI
Acct No xxxx-xxx0829
415 EAST 12TH STREET
(CIRCUIT DIVISION)
Kansas City, MO 64106

CLARK COUNTY ASSESSOR
C/O BANKRUPTCY CLERK
500 SOUTH GRAND CENTRAL PARKWAY
P.O. BOX 551401
Las Vegas, NV 89155-1401

CLARK COUNTY TREASURER
C/O BANKRUPTCY CLERK
500 S. GRAND CENTRAL PKWY
P.O. BOX 551220
Las Vegas, NV 89155-1220

COAST CUTTERS CO, INC.
105 NORTH 9TH AVE.
Upland, CA 91786

COMPUTED TOOL & DIE
2910 E. RICKER WAY
Anaheim, CA 92806

DEPT. OF EMPLOYMENT, TRAINING & REHAB
EMPLOYMENT SECURITY DIVISION
500 EAST THIRD STREET
Carson City, NV 89713

ESTATE OF ALVINO DWIGHT CRAWFORD
Acct No xxxx-xxx7245
SHAMBERG, JOHNSON & BERGMAN
ATTN: DAVID R. MORANTZ, ESQ.
2600 GRAND BLVD., SUITE 550
Kansas City, MO 64108

EVERYTOWN LAW
Acct No xxxx-xxx7245
P.O. BOX #4184
New York, NY 10017

FOLAND, WICKENS, ROPER, HOFER & CRAWFORD
1200 MAIN, SUITE 2200
Kansas City, MO 64105

GENSKE, MULDER COMPANY LLP
3187 RED HILL AVE. #110
Costa Mesa, CA 92626

HARSCH INVESTMENTS PROPERTIES - NV, LLC
Henderson, NV 89011

IDCI
14733 S. AVALON BLVD.
Gardena, CA 90248

INTELLIGENT DESIGN I.T. CONSULTING
631 NORTH STEPHANIE STREET #345
Henderson, NV 89014

INTERNAL REVENUE SERVICE
P.O. BOX 7346
Philadelphia, PA 19101-7346

JA INDUSTRIES, LLC
43 DESERT SUNFLOWER CIRCLE
Henderson, NV 89002

JENNISON ENGINEERING, INC.
13546 CENTRAL AVE., UNIT E.
Chino, CA 91710

MJO ENTERPRISES
38 PHILLIPSBURG
Irvine, CA 92620

NEVADA DEPARTMENT OF MOTOR VEHICLES
2621 E. SAHARA AVE.
Las Vegas, NV 89104

NEVADA DEPARTMENT OF TAXATION
Acct No xxxx xx. xx1443
1550 COLLEGE PARKWAY, SUITE 115
Carson City, NV 89706-7937

NEVADA DEPT OF TAXATION
Acct No 4325
2550 PASEO VERDE PARKWAY, SUITE #180
Henderson, NV 89074

NEVADA DEPT. OF EMPLOYMENT TRAINING AND
Acct No 8800
2800 E. ST. LOUIS AVE.
Las Vegas, NV 89104

NEVADA DEPT. OF TAXATION
BANKRUPTCY SECTION
555 EAST WASHINGTON AVENUE
SUITE 1300
Las Vegas, NV 89101

PAUL JIMENEZ JR.
43 DESERT SUNFLOWER CIRCLE
Henderson, NV 89002

PAUL JIMENEZ, SR.
43 DESERT SUNFLOWER CIRCLE
Henderson, NV 89002

PENTRATE METAL PROCESSING
3517 EAST OLYMPIC BLVD.
Los Angeles, CA 90023

PORTER LAW FIRM, A PROFESSIONAL CORP.
Acct No xxx5-388
3311 WOODS BLVD.
Tyler, TX 75707

PRAXAIR
2301 SE CREEKVIEW DR.
Ankeny, IA 50021

RBC PRECISION PRODUCTS-BREMEN
225 INDUSTRIAL DR.
Bremen, IN 46506

SIERRA WESTERN
3765 MAUNA LOA ST.
Brea, CA 92823

SOCIAL SECURITY ADMINISTRATION
OFFICE OF THE REGIONAL CHIEF COUNSEL
REGION IX
160 SPEAR STREET, SUITE 800
San Francisco, CA 94105-1545

SUNSTATE EQUIPMENT
C/O CONSTRUCTION COLLECTION SPECIALISTS,
P.O.BOX 44500
Phoenix, AZ 85064-4500

THE ESTATE OF MELINDA ANN ORR
Acct No xxx5-388
C/O PHENIX & CRUMP, PLLC
ATTN: J.R. "RUSTY" PHENIX
P.O. BOX 1005
Henderson, TX 75654

TOTAL ECLIPSE GROUP, LTD
FLAT 8 16/F BLOCK A
34-36AU PUI WAN STREET
FO TAN SHATIN N.T. HONG KONG

UNITED STATES TREASURY (EXCISE TAX)
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
1500 PENNSYLVANIA AVE. N.W.
Washington, DC 20220

UNITED STATES TRUSTEE
300 LAS VEGAS BLVD., SOUTH #4300
Las Vegas, NV 89101

**United States Bankruptcy Court
District of Nevada**

In re **JIMENEZ ARMS, INC.**

Debtor(s)

Case No.
Chapter

7

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for JIMENEZ ARMS, INC. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

- None [Check if applicable]

February 10, 2020

Date

/s/ Thomas E. Crowe

Thomas E. Crowe

Signature of Attorney or Litigant
Counsel for **JIMENEZ ARMS, INC.**

THOMAS E. CROWE PROFESSIONAL LAW CORPORATION

**2830 S. JONES BLVD, SUITE 3
Las Vegas, NV 89146
(702) 794-0373 Fax:(702) 794-0734
tcrowe@thomascrowelaw.com**